

Responding to Inmates with Mental Illness:

Resources for Jail Administrators

The following scenario is common in many jurisdictions: As the inmate population in crowded jail systems continues to rise, the same individuals—who are exhibiting strange or deviant behavior—are booked repeatedly for low-level offenses, and more inmates are placed on costly 24-hour suicide watches. At the same time, county officials press jail administrators for budget cuts.

This scenario—a symptom of the over-representation of people with mental illness throughout the criminal justice system—is disturbingly familiar to large jail administrators across the country. In many communities, jails have become the largest mental health institutions. Rikers Island in New York City and Los Angeles County's Twin Towers Jail house more people with mental illness on any given day than any state hospital or mental health facility in the country.

Although jail administrators do their best to provide services to these individuals, they recognize that the growing numbers of inmates with mental illness—many of them with schizophrenia, bipolar disorder, and/or severe depression—complicate the jail's core mission. Because 75% of the people with mental illness in jails also have a co-occurring substance abuse disorder, the situation becomes even more vexing. As Captain John Caceci of the Monroe County (New York) Jail told the U.S. Senate Judiciary Committee, "We work in a jail, and our job is to incarcerate offenders, not hospitalize sick people."

Fortunately, a number of resources have recently become available to help jail administrators respond to the influx of inmates with mental illness. The Criminal Justice/Mental Health Consensus Project report, the project's interactive Web site, technical assistance from multiple sources, and current and proposed federal grant programs can all offer valuable support to jail administrators struggling with mental health issues as they relate to jails.

Conveying Consensus

The Criminal Justice/Mental Health Consensus Project report, released in the summer of 2002, is a comprehensive guide for criminal justice and mental health

by
Daniel Souweine,
Policy Analyst in
Criminal Justice,
Council of State
Governments

professionals on how to improve the response to people with mental illness who come in contact with the criminal justice system. Recognizing that this issue presents different challenges to various parts of the justice and health systems, the report contains two sections.

- The first half identifies strategies that can be applied throughout the criminal justice process—from before arrest, through incarceration, and after re-entry.
- The second section addresses the overarching themes of collaboration, training, building an effective mental health system, and measuring outcomes—crucial issues for any agency or agent of change.

Along with policy statements and hundreds of recommendations for implementation, the report includes over 100 examples of programs or policies designed to respond effectively to individuals with mental illness who become involved in the justice system.

Many large jail administrators have already begun to use the report as a guide for change, both within the jail and in conjunction with criminal justice and mental health partners. Jurisdictions have found the report especially useful as a tool for helping broad-based task forces involving law enforcement, court officials, jail administrators, mental health and substance abuse practitioners, and local government officials to work together to improve coordination. The report can be viewed, downloaded, or purchased online at www.consensusproject.org.

A “Web” of Example Programs

For large jails interested in improving their response to people with mental illness, the first question is usually: “What are other jails doing?” To help answer that question, the Consensus Project has also launched the Program Examples Database, accessible at www.consensusproject.org/programs/.

The database contains information about all the programs cited in the Consensus Project report, along with many others that have been added since the report’s release. Included are jail diversion programs, transition planning initiatives, and strategies for informing public mental health providers when their clients are booked into jail. Visitors can search the database by keyword, state, issue area, and several other criteria.

Each program has a separate page, maintained by program administrators, that includes a description, contact information, and materials on the program. Perhaps most exciting, the database allows visitors to ask questions of program administrators and other officials who have knowledge of these programs, as well as to suggest new examples for inclusion in the database. With these interactive functions, the database should become a locus for information and dialog about innovative programs.

Partnering to Foster Collaboration: The Consensus Project and the National Institute of Corrections

If there is one point of agreement among corrections administrators committed to improving the response to people with mental illness in the justice system, it is that realizing this goal requires collaboration between the mental health and criminal justice systems. Mental health and criminal justice professionals must understand the overlap of their clientele, appreciate each other's roles, and develop ways to sustain joint efforts. Recognizing this, the Consensus Project is partnering with the National Institute of Corrections (NIC) to provide technical assistance to foster such collaboration.

NIC and the Consensus Project are now developing plans for how to best use their limited resources to help the field. A Corrections/Mental Health Technical Assistance Advisory Group met in May 2003, and the Consensus Project will begin making opportunities for technical assistance available to jurisdictions by late summer or early fall. The project hopes to assist jurisdictions in a number of ways—by providing basic information and referrals, training, presentations, and needs assessments, or by offering help in implementing a particular Consensus Project policy statement or program model. Updates on the availability of technical assistance will be posted on the Consensus Project Web site at www.consensusproject.org.

Tapping the TAPA Center for Jail Diversion

In many jurisdictions, the growing number of inmates with mental illness has led to the expansion of jail mental health programs. While there is no question that jails must provide adequate mental health services, building a better health care delivery system in jails involves its own complications. As Arthur Wallenstein, Director of the Montgomery County (Maryland) Department of Corrections, points out, "We need to help people with mental illness in their communities, not wait until they arrive in jail to provide adequate treatment."

Jail diversion—diverting appropriate jail detainees from the criminal justice process into community-based mental health services—is an increasingly common strategy. Jail administrators interested in learning more about jail diversion can now turn to the Technical Assistance and Policy Analysis (TAPA) Center for Jail Diversion, funded in October 2002 by the Center for Mental Health Services (CMHS) of the Substance Abuse Mental Health Services Administration (SAMHSA) as a branch of the National GAINS Center for People with Co-occurring Disorders in the Justice System.

The TAPA Center, which can be reached toll-free at (866) 518-8272 or at tapacenter@prainc.com, provides reports and research results, information about existing jail diversion programs, and technical assistance by telephone or on-site. The center will also soon launch its own Web site at www.tapacenter.org.

Federal Grants for Jail Diversion and Mental Health Courts

In addition to funding the TAPA Center, CMHS has provided grants over the past several years to support jail diversion initiatives in a number of jurisdictions. Since 1998, CMHS has awarded nearly 30 grants totaling more than \$8 million in this area and will announce seven new grantees soon. Until Congress solidifies a FY 2004 budget, it remains unclear whether CMHS will continue to be able to fund grants for jail diversion projects, but jail administrators can check www.consensusproject.org or www.samhsa.gov for updates on this opportunity.

The U.S. Department of Justice's Office of Justice Programs (OJP) is administering, through the Bureau of Justice Assistance (BJA), another grant program that is relevant for jail administrators. Although the soon-to-be announced grantees for the Mental Health Courts Program will be primarily court systems, and some mental health agencies, many of their projects will require close collaboration with jails. In addition, a portion of the technical assistance resources that BJA plans to provide will be made available to recipients of the CMHS jail diversion grants and the field at large. Jail administrators should check www.ojp.usdoj.gov/BJA/grant/mentalhealth.html or the Consensus Project Web site to learn more.

Resources to Promote Collaboration: Pending Legislation

As jail administrators and other criminal justice and mental health professionals struggle on a local level with issues at the interface of criminal justice and mental health, members of the U.S. Congress are becoming increasingly aware of this issue and are working to promote innovative solutions. In October 2002, Senator Mike Dewine (R-OH) introduced the Mentally Ill Offender Treatment and Crime Reduction Act of 2002 with broad bipartisan support. The bill would have authorized \$100 million each year in 2003 and 2004 (and funds as necessary from 2005 to 2007) for grants to state and local criminal justice, juvenile justice, and mental health agencies to develop collaborative programs. Activities eligible for grant funding could be coordinated by police, courts, local corrections, or community corrections. Rep. Ted Strickland (D-OH) introduced a companion bill in the House.

Congress did not vote on the bill before the close of the 2002 session, and on June 5, 2003, Senator DeWine re-introduced the legislation as S. 1194, along with Senators Leahy (D-VT), Grassley (R-IA), Cantwell (D-WA), and Domenici (R-NM) as co-sponsors. Rep. Strickland also reintroduced the companion House bill. With broad bipartisan support, the legislation's prospects are good, which could mean a substantial influx of resources for communities grappling with this issue.

Getting It Together

Large jails have been strained for years by the growing number of inmates with mental illness in their facilities—but they are not alone. Law enforcement departments, court systems, prisons, and community corrections officials struggle with similar issues.

Concern extends outside the justice agency arena:

- Criminal justice involvement complicates mental health providers' ability to provide services.
- Crime victims are left to sort out the baffling interface between the justice and mental health systems.
- Local, state, and federal appropriators watch as taxpayer dollars are being spent on expensive crisis and public safety resources.

Moreover, these concerns do not speak to the significant toll that criminal justice involvement takes on the lives of both people with mental illness and their families, many of whom fight daily against these debilitating illnesses.

The resources outlined in this article all recognize that, just as the problem is shared among systems, communities, and families, so must the solutions be shared. While cooperation already exists, to some extent, in every jurisdiction, there remain many obstacles to consistent, effective collaboration.

The importance of overcoming these obstacles cannot be underestimated. As the Consensus Project report emphasizes, "The single most significant common denominator shared among communities that have successfully improved the criminal justice and mental health systems' response to people with mental illness is that each started with some degree of cooperation between at least two key stakeholders—one from the criminal justice system and one from the mental health system."

By tapping into available resources and by working in conjunction with partners in criminal justice and mental health, large jail administrators can take the lead in improving the lives of people with mental illness and their loved ones, thereby enhancing the functioning of their jails and guarding the health and safety of their communities. ■

For more information:

**Daniel Souweine,
Policy Analyst in
Criminal Justice,
Council of State
Governments
14 Wall Street
20th Floor
New York, NY 10005
(212) 912-0128
dsouweine@csg.org**